

12/12/00



Jc975 U.S. PTO

Please type a plus sign (+) inside this box ☐

12-13-00

A

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	ROGO-214.2-Cont	Total Pages	<b>Jc915 U.S. PTO 09/735073</b> 
	First Named Inventor or Application Identifier			
	Asina, et al.			
	Express Mail Label No.	EL759723232 US		
<b>APPLICATION ELEMENTS</b>  <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 46] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets ]</p> <p>4. Oath or Declaration</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s)</p> <p>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked)</p> <p>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p>		
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: 09/188,476 filed November 9, 1998, which is a continuation-in-part of Serial No. 08/745,063 filed November 7, 1996				
17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.				
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below				
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford at: Telephone: (212) 318-3148 Fax: (212) 318-3400				
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	James R. Crawford		Reg. No. 39,155	
SIGNATURE				
DATE	December 12, 2000			

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	
	First Named Inventor	Asina, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	ROGO-214.2-Cont


## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	53- 20 =		x 9.00	\$ 594.00
INDEPENDENT CLAIMS	5 - 3 =	2	x 82.00	\$ 160.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			TOTAL FEES	\$1464.00

## METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$1464.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature		Date: December 12, 2000
		<b>Deposit Account No. 50-0624</b>

::ODMA\PCDOCS\NEWYORK\702587\1